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Letter dated 30 April 2010 from the Permanent Representative of Namibia to the United Nations addressed to the President of the Economic and Social Council

Attached herewith is the national report of Namibia on implementation of national strategies to achieve the internationally agreed goals, including the Millennium Development Goals, with a focus on health, education and poverty in tandem with gender equality and empowerment of women, for the annual ministerial review to be held during the high-level segment of the 2010 substantive session of the Economic and Social Council (see annex).

I should be grateful if you would circulate the present letter and its annex as a document of the Council, under item 2 (c) of the provisional agenda.

(*Signed*) Kaire M. **Mbuende**
Ambassador
Permanent Representative

* E/2010/100.

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Annex to the letter dated 30 April 2010 from the Permanent Representative of Namibia to the United Nations addressed to the President of the Economic and Social Council

National report of Namibia on implementation of national strategies to achieve the internationally agreed goals, including the Millennium Development Goals, with a focus on health, education and poverty in tandem with gender equality and empowerment of women

Executive summary

Namibia's development policies are anchored in the country's Vision 2030, and the strategies to implement them are articulated by the National Development Programmes (NDPs), in particular NDP3 (National Planning Commission, 2008). Vision 2030 seeks, among other things, to promote gender equality and women's empowerment in a diversified, robust and dynamic economic environment capable of creating jobs and of reducing poverty, particularly in rural areas. As signatory to the Millennium Development Goals and other international development agreements, Namibia has developed several policies that seek to see the country develop to the level of the developed countries. The policies collaboratively focus on eight key goals which overlap with the internationally agreed development goals and the Millennium Development Goals. Currently, NDP3 articulates those policies together with the strategies to be used when implementing them.

This report presents and discusses the progress that Namibia has made in the areas of health, education and poverty since 2005, without overlooking earlier experiences as they serve to provide the background. The issues involved are cross-cutting, and the report attempts to explain the synergies. The report specifically discusses the Education and Training Sector Improvement Programme and the Namibia College of Open Learning in the area of education; antiretroviral treatment in health; and the Microfinance pilot initiative "Koshi Yomuti" representing poverty. These are discussed as strategies programmed to alleviate the unacceptable conditions many Namibians, particularly women, find themselves in.

Namibia has always considered health as pivotal to national development. Hence, it has embraced Millennium Development Goals 3, 4, 5 and 6 in all its development programmes and strategies. NDP3, which is the country's key instrument for development has identified HIV/AIDS along with a host of sexually transmitted diseases as important challenges to the effort to achieve development goals. As a result, the Government put primary health care at the forefront of the fight to achieve and sustain a healthy nation. To that end, the Ministry of Health and Social Services comprehensively focuses on hunger, mortality, maternal health and combating HIV/AIDS, malaria and other diseases as its national mandate.

In the area of education, the Government considers the sector as key in terms of guaranteeing national capacity-building. As a result, the sector is allocated a large part of the national budget in order to ensure sustainable provision of academic and various other types of training. Hence, funding for pre-primary, junior secondary, secondary tertiary and technical institutions is a Government priority. The

Government established the Education and Training Sector Improvement Programme and the Namibia College of Open Learning as strategies for accomplishing Millennium Development Goal 2, which focuses on universal primary education, together with the provision of different skills at higher levels.

The effort to address poverty in Namibia has been concentrated in the north, where more than 65 per cent of the population lives. The majority of the victims of poverty are women, hence the precarious situation of several microfinance outfits, which by and large find it difficult to sustain their activities. However, one "Koshi Yomuti" — which means banking under a tree — has been comparatively successful. However, it had to be registered as a commercial bank in order to provide one very important service that the 23,000 clientele base need: savings in addition to providing loans and credits.

There are many challenges that the Government is determined to overcome. These include shortage of skills, funds and appropriate infrastructure. Fortunately, the international community (development partners) is providing a helping hand.

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Introduction

1. This report is a response to United Nations General Assembly resolution 61/16 on strengthening of the Economic and Social Council, which led to the establishment of the biennial Development Cooperation Forum in 2007 under which the Economic and Social Council spearheads the annual ministerial reviews. The objective of the report is to share with sister participating countries Namibia's experience in implementing programmes designed to achieve the internationally agreed development goals and the Millennium Developmental Goals based on its own development goals under the country's Vision 2030.

Internationally agreed development goals

2. The internationally agreed development goals focus on: (a) policy dialogue on current developments in the world economy and international economic cooperation in the context of achieving the Millennium Development Goals; (b) eradication of poverty and hunger; (c) the health and development nexus; (d) global partnership and financing of the Millennium Development Goals; (e) building State capacity to meet the Millennium Development Goals: human rights, governance, institutions and human resources; (f) education and literacy; (g) gender equality and the empowerment of women; and (h) sustaining the environment.

Millennium Development Goals

3. The Millennium Development Goals seek to: (a) eradicate extreme poverty and hunger; (b) achieve universal primary education; (c) promote gender equality and empower women; (d) reduce child mortality; (e) improve maternal health; (f) combat HIV/AIDS, malaria, and other diseases; (g) ensure environmental sustainability; and (h) develop a global partnership for development.

Vision 2030

4. Vision 2030 wishes to see Namibia: (a) strengthen democracy in order to facilitate public participation in the affairs of government; (b) build a diversified, robust and dynamic economy necessary to reduce poverty; (c) reduce unemployment and thereby enhance economic production; (d) resolve the land question which holds the key for maintaining national stability, and increase equitable exploitation of natural resources; (e) improve nutritional status of the citizens; (f) proactively seek innovative solutions to address the issues of health, in particular the HIV/AIDS pandemic; and (g) most importantly, involve women in decision-making in all affairs of Government. Evident and indeed common in the three sets of goals/objectives is the implied quest to empower and protect women, girls and children from any form of abuse and food insecurity resulting from poverty. They "seek for women the same opportunities and privileges society gives to men, equality of the sexes, i.e., the equality of rights and opportunities, and more radically, of conditions (Mwanje, 2001: 27)".

NDP3 objectives

5. Whereas Namibia has embraced the internationally agreed development goals and the Millennium Development Goals, it is very cognizant of the fact that development issues are cross-cutting, as shown in the internationally agreed development goals, Millennium Development Goals and NDP3. Hence, the Government is implementing its own development strategies to achieve Vision 2030 objectives as conduits to achieve the internationally agreed development goals and Millennium Development Goals. In essence, the eight NDP3 goals serve as the main instruments for achieving the internationally agreed development goals and Millennium Development Goals.

Gender mainstreaming

6. Namibia has always supported the view that the social and economic plight of the world's vulnerable citizens, particularly women, could be significantly improved through sufficiently funded and effectively managed local implementation of development programmes. To that end, the Government purposively adopted and resolved to uphold gender mainstreaming "as a strategy for strengthening women's empowerment and to eliminate gender inequalities in all sectors and institutional policies, laws and programmes"; and thereby "promote gender analysis of all programmes and the use of gender disaggregated data to inform planning and policy development" (Ministry of Gender Equality and Child Welfare, 2010:1). That was and continues to be done through a series of policy instruments which include:

(a) The Convention on the Elimination of All Forms of Discrimination against Women;

(b) The establishment of the first Woman and Child Abuse Centre in 1993 at the Katutura Hospital in Windhoek;

(c) The inclusion of a "Sectoral Chapter on Gender and Development" in NDP1;

(d) The other instruments that bolstered gender mainstreaming were the Affirmative Action (Employment) Act No. 29 of 1998 which put particular emphasis on advancing women at workplaces;

(e) The National Land Policy (1998) and the Communal Land Reform Act (Act No. 5 of 2002). These instruments make land rights for women more secure, particularly upon the death of a spouse (South African Development Community, 2009: 41; Ministry of Gender Equality and Child Welfare, 2010: 13);

(f) National Gender Plan of Action 1998-2003 under which the Effective Partnership towards Gender Equality programme was launched (Ministry of Gender Equality and Child Welfare, 2010: 5);

(g) The formulation of the National Gender Policy which has since been amended after having been found wanting in some areas, e.g. it was never made an Act of Parliament. Hence, the Gender Commission that should have been established to monitor the implementation of the instrument was never realized; the staff members in charge of its implementation lacked commitment and appropriate training; and they did not sit in management meetings. Therefore, they did not

influence the policy's implementation. Communication between the Ministry of Gender Equality and Child Welfare was lacking (Ministry of Gender Equality and Child Welfare, 2006. Annual Report: 16). The revision is going to make the policy more effective and appreciated;

(h) That the Ministries of Finance and Gender Equality and Child Welfare, and the Office of the Auditor General establish a gender budgeting taskforce to conduct a gender analysis on the ministerial subdivision budgets, national and other stakeholders budgets, capacity-building for gender budgeting for the public, private and NGO sectors, awareness-raising, advocacy for institutionalization of the gender budgeting initiative, development of monitoring mechanisms and indicators to ensure effective monitoring and evaluation of the gender responsive budget initiative (South African Development Community, 2009: 39);

(i) The South African Development Community (SADC) Protocol on Gender and Development signed on August 2008 set a milestone by stressing the necessity to:

- Set realistic, measurable targets, time frames and indicators for achieving gender equality and equity.
- Harmonize national legislations, policies, strategies and programmes with relevant regional and international instruments related to the empowerment of women and girls for the purpose of ensuring gender equality and equity.

The education and economic sectors also had policy instruments designed to boost gender mainstreaming.

Focus of the report

7. Gender mainstreaming in Namibia cuts across all sectors. However, this report focuses on health, education and poverty in which there is evidence of progress in implementing the internationally agreed goals and commitments in regard to gender equality and empowerment of women, but not without challenges. Therefore, this report discusses the internationally agreed development goals and Millennium Development Goals within the context of national development planning based on the country's Vision 2030; gender and health focusing on antiretroviral treatment; gender and education, focusing on the Namibia College of Open Learning and Education and Training Sector Improvement Programme; and gender and poverty, focusing on "Koshi Yomuti" and microfinancing. These represent the good examples of development progress in line with what is expected of the national effort to meet the internationally agreed development goals and the Millennium Development Goals, not to mention the Vision 2030 objectives.

Expected outcome

8. It is expected that presentation of this report will generate vibrant debate that should benefit Namibia in terms of how sister countries are managing the challenge to achieve the internationally agreed development goals and the Millennium Development Goals.

Preparation of the report

9. The report resulted from consultative exercises spearheaded by the National Planning Commission, and involving a wide range of stakeholders in line with the Economic and Social Council resolutions adopted at Rome, Geneva and Paris conferences in support of annual ministerial reviews and national voluntary presentations.

Planning and implementation framework

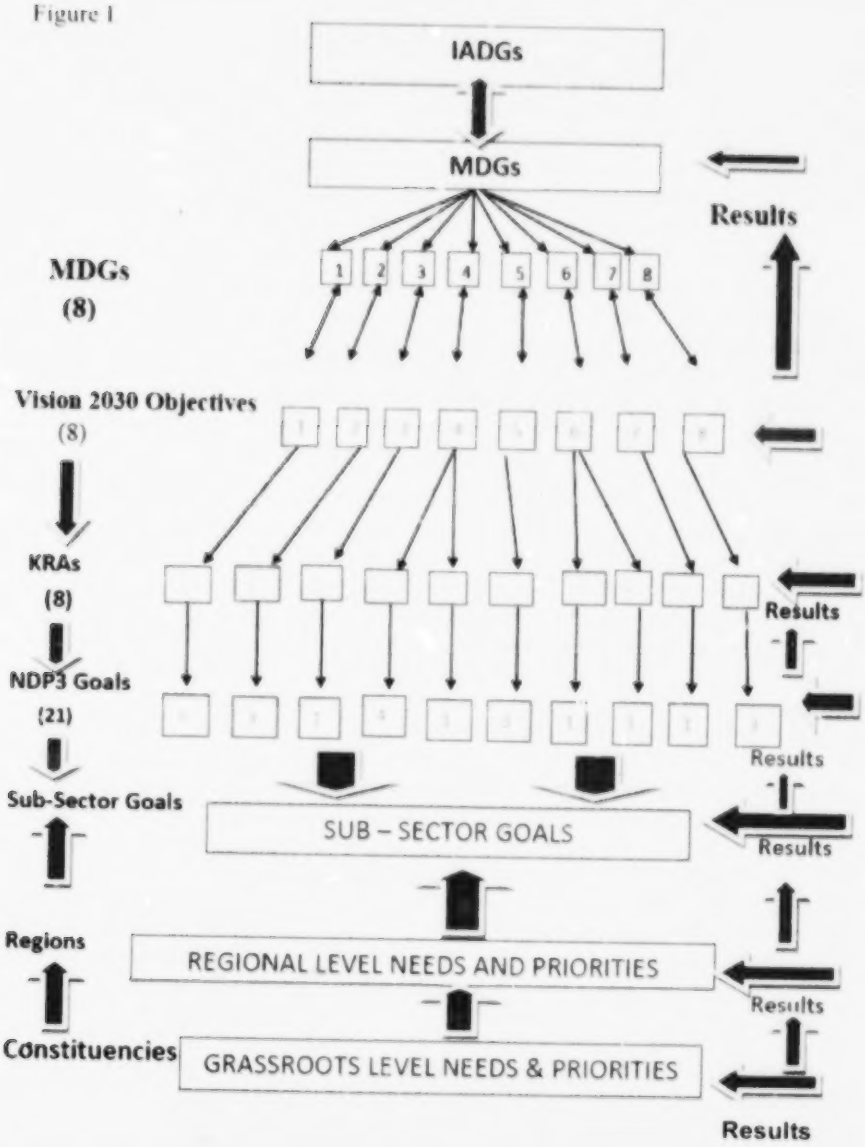
Background

10. Setting the road map for the policies, strategies and other interventions necessary for planning the programmes capable of achieving the internationally agreed development goals, Millenium Development Goals, and the objectives of Vision 2030 is NDP3. Itself a third level of a national evolutionary development planning process that began with NDP1, NDP3 is the product of the efforts of a wide range of Namibian and international stakeholders in Windhoek, and representatives from the country's 13 regions that participated in the identification of the needs, priorities, opportunities and challenges facing our people, and prepared responsive policies, programmes and strategies following the National Consultation Conference in October 2007 (National Planning Commission, 2008: i; National Development Plan 3, vol. 1). The decisions and resolutions taken at the Conference were informed by the results of the implementation of NDP2 (2001-2006), in particular by eight key result areas, each corresponding to one of the eight main objectives of Vision 2030 (ibid.: iii). In essence, the NDP3 Conference was an exercise to review the performance of NDP2, and to build on the experience within the framework of the Decentralization Policy.

Planning process

11. The NDP goals thus reflect a convergence of a top-down and bottom-up planning process largely based on the eight objectives of Vision 2030 clearly articulated in NDP3, and at the same time taking cognizance of the development needs and priorities at the grass-roots level: constituencies, regions and subsectors laid out by the National Planning Commission as the key Government agent for development planning (see figure I). Therefore, in terms of achieving the internationally agreed development goals and Millennium Development Goals, the success in achieving national development goals will entail the country's success in achieving the internationally agreed development goals and Millennium Development Goals as the three sets are inseparably linked in both vision and mission: attainment of comprehensive, equitable, sustainable and gender-balanced development.

Figure I



12. The National Planning Commission has a clear mandate to solicit directly or through existing structures from grass-roots level, regions, or ministries for information that can assist national development planning. The structure above provides the instrument best suited to accomplish the four layers of consultative process. It clearly indicates that the NDP3 goals are a hybrid product of institutional cross-fertilization on development views as understood by constituencies, regions, and subsectors on the one hand, and the Government on the other. Formulation, adoption and implementation of the strategies to achieve NDP3 goals entail allocation of resources which, in actual fact is an allocation of resources to achieve the internationally agreed development goals and Millennium Development Goals

because, as stated above, their visions and missions are inseparable, and they are anchored in cross-cutting issues.

Focus areas

13. Namibia's approach towards national development planning is thus holistic. It is guided by intersectoral linkages and at the same time takes cognizance of critical interventions or challenges along the way. To that end, a number of development policies and strategies relevant to the focus areas vis-à-vis health, education and poverty have been adopted. Where challenges arose during the implementation of those policies, appropriate and indeed corrective interventions were and continue to be taken for purposes of achieving Vision 2030 objectives, the internationally agreed development goals and Millennium Development Goals.

Gender and health

14. The Government's subsector goal on health is affordable and quality health services accessible to all (National Planning Commission, 2008; National Development Plan 3: 96-97). That means the national health system must be well planned and managed, and should be readily responsive to community needs. The latter requires appropriate policies and sufficient skills, financial and infrastructural support in order to be implemented effectively. In the effort to achieve the Millennium Development Goals, in particular Millennium Development Goals 1, 3, 4, 5 and 6, which respectively refer to eradication of poverty and hunger, promotion of gender equality and empowerment of women, reduction of child mortality, improvement of maternal health and combating HIV/AIDS, malaria and other diseases, the Government of Namibia has formulated a plethora of policies and other institutional instruments to guide the designing and implementation of programmes to achieve these goals. With that view, it was recognized that primary health care, child mortality, maternal health, reproductive health, and measures to prevent HIV/AIDS and other infectious diseases are linked to each other. However, Government puts primary health care at the forefront of the fight against diseases (Ministry of Health and Social Services, 2010 Document for NDP3).

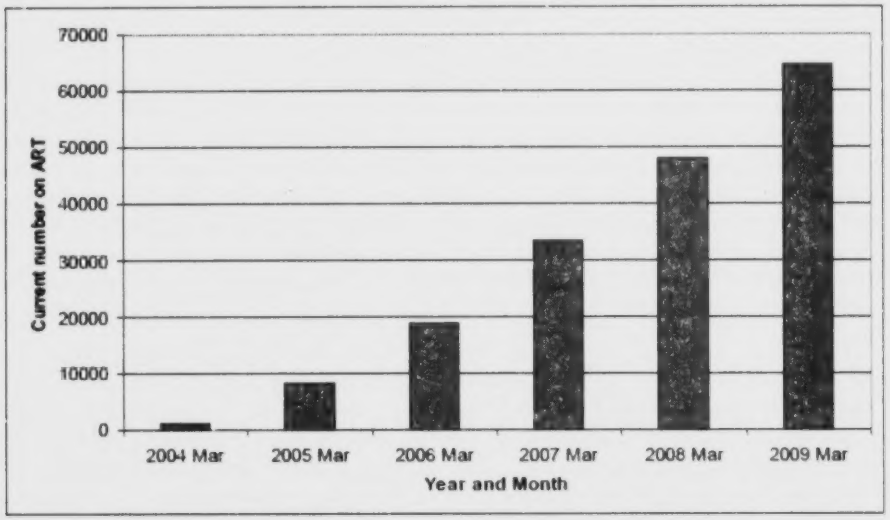
Strategies for achieving health goals (in particular antiretroviral treatment objective)

15. Given various statistical data on the dynamic nature of health in Namibia, the Government is fully informed that the Millennium Development Goal to reduce child mortality by two thirds by 2015 can only be achieved if national mortality is halved during the same period (Republic of Namibia, 2007; road map:4); and that without nutritional surveillance and promotion of maternal and child nutrition, as well as improving the national status of nutrition among the vulnerable groups (particularly women, children, and people living with HIV/AIDS); prevention of HIV transmission from mother to the unborn child through the use of antiretroviral treatment; and improvement of the infrastructure for health services, Millennium Development Goals 3, 4, 5, and 6 may not be achieved by 2015 (OECD, 2008:488; Republic of Namibia, 2010:3-4; Republic of Namibia, 2008, Health and Social

Services: 62 and 93; Republic of Namibia, 2008. 2nd Millennium Development Goals Report: ix-x). The Government has thus invested in construction of hospitals, clinics and other needed facilities — Namibia now has 34 hospitals, 34 health centres and 259 clinics (document for National Development Plan 3, 2010). The key strategies were and continue to be: (a) national research on health factors in the country; (b) convening of workshops and conferences at which experiences and suggestions are shared and later produced as printed or bound information material for distribution in the communities; (c) regular visits to schools and other centres to inform and encourage citizens to take notice of the Ministry's suggestion on preventive measures such as the use of mosquito nets and condoms, extensive employment of policy frameworks together with the use of technology particularly when it comes to implementing specific systems, and establishment of highly informative good relationships with development partners. These factors constitute a situation likely to exacerbate the prevalence of HIV/AIDS, hence the necessity to provide preventive measures, or create national capacity to administer antiretroviral treatment.

16. One of the targets of Millennium Development Goal 6 is to achieve universal access to treatment for HIV/AIDS for all those who need it. The Ministry of Health and Social Services has adopted the World Health Organization integrated management of adolescent and adult illness strategy for rapid scale-up of antiretroviral treatment services in the country. Currently there are 141 centres, including all 35 State hospitals and 34 outreach sites offering antiretroviral treatment services. The increasing annual trend in the numbers of people on highly active antiretroviral therapy attests to the success of the antiretroviral treatment programme (figure II). There continues to be a rapid scale-up of antiretroviral treatment services in Namibia. As at 31 March 2009, 64,637 people (84 per cent in need) were receiving treatment: 57,015 adults (83 per cent of in need) and 7,622 children (95 per cent of in need) in the public sector. Therefore, children amounted to 11 per cent of the total patients on treatment in the public sector. This progress is remarkable considering that the initial target for people receiving antiretroviral treatment by 2009 was 25,000 before being adjusted to 70 per cent and 90 per cent of those in need by 2009/10 for adults and children respectively. Both these targets have been exceeded. The annual trend of coming forward for highly active antiretroviral therapy is indicated under figure II below.

Figure II
Trends in annual number of patients on highly active antiretroviral therapy nationwide in public health system, March 2004-March 2009



Source: Directorate of Special Programmes in the Ministry of Health and Social Services.

17. Additionally, the results of the 2008 health and social services systems review attests to the success of the antiretroviral treatment programme (see figure III below).

Figure III
Prevention of mother-to-child transmission of HIV/AIDS 2002-2007

	2002/03	*2003/04*	*2004/05*	*2005/06*	*2006/07*	*Total*
Pregnant women who start ANC at PMTCT sites	5 220	19 845	18 752	39 016	51 767	134 600
Pregnant women pre-test counselled	10% (511)	55% (10 254)	91% (17 986)	95% (37 019)	85% (11 449)	85% (11 449)
Pregnant women tested for HIV	87% (4 440)	90% (9 230)	87% (15 597)	87% (32 090)	89% (102 051)	89% (102 051)
Pregnant women tested positive	58% (2 980)	20% (1 881)	17% (2 702)	16% (4 982)	16% (16 136)	16% (16 136)
Pregnant women tested negative	42% (146)	80% (7 349)	83% (12 895)	84% (27 108)	78% (79 721)	78% (79 721)
Pregnant women post-test counselled	N/A	5% (465)	34% (465)	51% (16 292)	58% (26 087)	47% (48 156)
Partners who took HIV test	14% (41)	6% (110)	9% (254)	16% (805)	N/A	N/A
Partners who tested negative	49% (200)	58% (64)	52% (131)	63% (504)	N/A	N/A

	2002/03	2003/04	2004/05	2005/06	2006/07	Total
Partners who tested positive	51% (21)	42% (46)	32% (82)	24% (190)	N/A	N/A
HIV+ pregnant women who had CD4 test done	N/A	4% (68)	27% (727)	72% (3 579)	70% (4 366)	54% (8 740)
HIV+ pregnant women with CD4<250	N/A	1% (210)	30% (219)	29% (1 026)	N/A	15% (1 266)
Total women who delivered	7 618	21 750	22 335	37 700	43 648	133 051
Women with unknown HIV status	N/A	95% (20 704)	73% (14 941)	35% (13 183)	21% (8 969)	43% (57 707)
Women with known HIV status	N/A	5% (1 046)	27% (5 461)	65% (24 517)	79% (34 679)	49% (65 703)
HIV+ women who delivered	3% (194)	5% (1 046)	29% (1 743)	13% (4 771)	16% (6 968)	11% (14 722)
Women who took Nevirapine before delivery	93% (180)	67% (704)	94% (1 645)	89% (4 244)	76% (5 292)	82% (12 065)
Babies exposed to HIV who received Nevirapine after delivery	102% (198)	94% (979)	94% (1 647)	96% (4 557)	97% (6 787)	96% (14 168)
Cumulative total health-care facilities providing PMTCT services	2	21	41	165	189	N/A

Source: Republic of Namibia, 2008. Health and Social Services Systems Review. Windhoek: 62-63.

18. It could be concluded that the encouraging progress towards meeting Millennium Development Goal 5 as shown under figure IV should be attributed to the highly active antiretroviral therapy and antiretroviral treatment supported by other related measures.

Figure IV
Millennium Development Goal 5: improve maternal health and reproductive health

Indicator	*1992*	*2000*	*2006*	*2006 Target*	*2012/13 Target*	*Target achievable*
Maternal mortality ratio (death 1,000,000 births)	225	271	449	268	337	Unlikely
Birth by trained personnel	68	76	81	88	95	Likely
Contraceptives use	23	38	47	50	56.6	Likely
Adolescent birth rate	22	18	15	—	13	Likely
Antenatal care coverage %	56	69	70	—	80	Likely
Unmet family planning need	24	25	7	—	6	Likely

Source: Republic of Namibia, 2008. 2nd Millennium Development Goals Report. Windhoek: National Planning Commission.

19. Many other factors could be said to have contributed to the relative success, namely good governance (political peace and stability), Government's commitment to international agreements and protocols thereby convincing the donors and

investors to come to Namibia, the rule of law in the country, and the involvement of tertiary and private institutions such as the University of Namibia, the Polytechnic of Namibia, International University of Management and Namibia Economic and Policy Research Unity in development research.

20. Additionally, the success was made possible by the support from more than 20 development partners who provide financial and technical support for specific projects such as HIV/AIDS and sexually transmitted diseases, volunteer services, Maternal Health Support System, Multisectoral HIV/AIDS Control, general medical assistance programmes, and other health activities carried out under different forms of international cooperation.

Gender and education

21. Namibia accepts the dictum that "Education underpins every effort to achieve the internationally agreed development goals and the Millennium Development Goals, and that it enhances national economic growth". Education also facilitates equitable social development including employment creation, poverty reduction, and curbing the spread of HIV/AIDS (Republic of Namibia, Education and Training Sector Improvement Programme 1). The country has thus put in place a document that guides the provision of education from primary up to vocational/technical level and tertiary. The intervention came in the form of the Education and Training Sector Improvement Programme document in response to not so acceptable academic results at Grades 10 and 12. The intervention augurs well with respect to Millennium Development Goal 2. The implementation of the Education and Training Sector Improvement Programme was timely and is expected to positively influence female enrolment at schools and at vocational/training and tertiary institutions.

22. The Education and Training Sector Improvement Programme is thus a strategic policy instrument crafted to transform Namibia into an economically and socially dynamic knowledge-based country, and is intended to bring about rapid and equitable economic development in line with the objectives of Vision 2030 (Republic of Namibia, 2007; Education and Training Sector Improvement Programme document: 1). In articulating its operational road map, it refers to eight subprogrammes: early childhood development and pre-primary education, general education, vocational education and training, tertiary education and training, adult education and lifelong learning, HIV/AIDS, information and communications technology in education, knowledge creation and innovation, and capacity development. Government earmarked a total of N$ 2,399.29 million to cater for the Education and Training Sector Improvement Programme activities from 2006 to 2011 (Education and Training Sector Improvement Programme document, 2007: 10). The Government is convinced that the Education and Training Sector Improvement Programme is providing the services it was created to give.

23. The Government also established the Namibia College of Open Learning in an effort to expand secondary education services, in particular to give a second chance to those learners who might fail to make the grade in the mainstream school system, focusing on Grades 10 and 12 (National Planning Commission, 2008. National Development Programme 3: 65-67). The institution has now diversified to include the Certificate in Education for Development, Local Government Studies, Youth in

Development Work and Computer Driving License. It has set a target of enrolling 35,000 learners by 2011, compared with 28,000 in 2007 (ibid.: 68). On the whole, the Namibia College of Open Learning and the Education and Training Sector Improvement Programme are clear evidence of some success in implementing strategies designed to facilitate achievement of Millennium Development Goal 2 with a focus on women.

24. Therefore, the Government of Namibia makes appropriate policy interventions and formulates strategies deemed necessary to ensure achievement of national development objectives, as well as the internationally agreed development goals and the Millennium Development Goals.

Key policy interventions

25. The key policy interventions in relation to women and education are as follows:

(a) Article 20 of the Constitution states that all persons shall have the right to education; primary education shall be compulsory and will be provided free of charge; children shall not be allowed to leave school until they have completed primary education or have attained the age of 16, whichever occurs first;

(b) Education Act 16 of 2001 which buttresses article 20 of the Constitution;

(c) Education Sector Policy for the Prevention and Management of Learner Pregnancy of 2009.

26. Accompanying these instruments are institutional actions designed to explain to community members what each one means. For example, tertiary institutions have now built into their modules teaching of Government policies. The reality is that most of the graduates join the national Government or regional or local authorities where they inevitably begin to operationalize some of these policies. Hence, Government provides administrative support for the policies in the form of:

- Budgetary assistance to help educational institutions to broaden their capacities.
- Assistance (technical and/or otherwise) to organize forums of different types to which ministries, regional and local authorities and private experts are invited to come and share their expertise and development experiences. That entails convening conferences and workshops at which research papers are presented, or participants are trained in a variety of skill-sharing exercises.

27. Namibia has and continues to prioritize academic training when budgeting, giving particular attention to secondary school level, where the ratio of girls to boys decreased from 124 girls per 100 boys in 1992 to 117 girls per 100 boys in 2007 (Ministry of Gender Equality and Child Welfare, 2010:20). Available information also indicates that literacy and secondary education targets set for 2006 have been achieved, and it is highly likely that the 2012 primary and tertiary education targets will be realized given their respective current progress status at 98 per cent and 88 per cent — slightly falling short of the 2006 target of 100 per cent (National Development Programme 3, 2008: xii). Furthermore, 526 female students enrolled in science, compared with 263 in 2004, and the representation was 54 per cent girls

and 46 per cent boys in 2008. Enrolment numbers in terms of achieving targets for 2015 are indicated below.

Educational enrolment

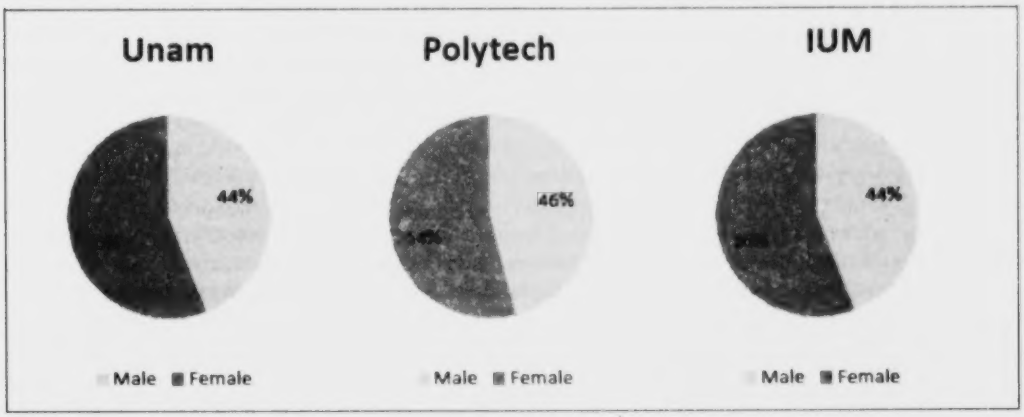
Figure V
Enrolment and survival rate in educational institutions

	Target	*Achieved*
Maintenance of primary school net enrolment of 7 to 13-year-olds	93	92
Survival rate for primary school by 2006	70	77
Maintenance from primary to secondary school	75	78.1
Survival rate for junior secondary school by 2006	50	62.3

Source: Republic of Namibia, 2008. 2nd Millennium Development Goals Report. Windhoek: National Planning Commission.

28. It is uncontested that these figures indicate progress, particularly in terms of women getting access to educational institutions. For example Caprivi, Rundu, Windhoek and Ongwediva Colleges of Education enrolled more female than male students in 2008. The same applied at Valombola and Zambezi Vocational Training Centres. Okakarara was the only exception (Ministry of Gender Equality and Child Welfare, 2008. Mapping Gender Enrolment: 10-16). In fact, tertiary institutions had begun to experience similar phenomena earlier (National Planning Commission, 2005 statistics) as shown in figure VI.

Figure VI



Source: Ministry of Gender Equality and Child Welfare, 2008. Mapping Gender Enrolment: 8.

29. Although both NDP3 and Vision 2030 have clearly outlined education for girls as one of the key factors necessary for Namibia to achieve comprehensive development, prompting the Government to allocate about 25 per cent of the national budget to education in 2008/09 and 50 per cent of the total for pre-primary and primary (National Planning Commission, 2008. 2nd Millennium Development

Goals Report: 13), women are still not yet well represented in most fields such as science, vocational trades, engineering, environment management (agriculture) and technology. More female learners still engage in professions such as teaching and nursing (Ministry of Gender Equality and Child Welfare, 2008. Mapping Gender: 18). Available data further indicates that the main culprits for the challenge that Namibia has and continues to face in education and training for women are: (a) poverty, which is inseparable from lack of proper nutrition for learners. Unemployed parents who in some cases have to depend on school drop-out-children to work in order to provide food cannot be blamed for the plight of both the girl-learner and themselves; (b) the scourge of HIV/AIDS which is ravaging communities in particular among the rural poor and is responsible for making 121,000 learners (21.2 per cent of the national total) orphans in 2008/09 (National Planning Commission, 2008. 2nd Millennium Development Goals Report: 13); (c) inadequate and poor school facilities which obviously affect the quality of teaching and training; (d) the quality of teachers particularly in the Caprivi, Kavango, Ohangwena, Oshikoto, Oshana and Omusati regions which account for two thirds of primary school learners; (e) and culture which continues to dominate people's lives in rural areas (ibid.: 13). These observations clearly indicate that in spite of the Government's effort and commitment to make education accessible to women all the way from pre-primary to tertiary levels, the success so far achieved (see figure XI) may not be sustained unless international support, local commitment, and monitoring and periodic reviews are maintained.

Gender and poverty: Millennium Development Goal 1

30. Poverty is sometimes defined as relative social and economic deprivation. In Namibia, poverty-stricken and severely poor householders account for 28 per cent and 4 per cent, respectively (Republic of Namibia, 2008. 2nd Millennium Development Goals Report: ix). According to the 2004 Namibia Labour Force Survey, Namibia had 369,863 private households — about 1.7 million head count. About 63.2 per cent of that population lived in the rural areas, and women headed 85 per cent of the households (Republic of Namibia, 2004: 1). These statistics make poverty and rural women largely synonymous (see figure VII).

Figure VII

National poverty rates

	CBN %	Food share		CBN%	Food share		CBN%	Food share
Poor	27.6	27.8	Male	25.8	26.4	Urban	12.0	6.6
Severely poor	13.8	3.9	Female	30.4	30.1	Rural	38.2	42.1

Source: Schwab, 2009. The Global Competitiveness Report. 2000-2010: 2.

31. The Government of Namibia would like to see equitable and sustainable poverty reduction as a long-term solution through, among other things, promotion of bee-keeping, supply of draft animals to San people, promotion of income-generating activities, promotion of livestock production, promotion of gardening, and development of conservancies. However, all these activities require finance, specifically microcredit that finances a wide range of small-scale initiatives that need to be introduced for the poor, particularly in the rural areas where the majority of women are found (National Planning Commission, 2008. National Development Programme 3: 113). "Vulnerable groups and poor people often need access to microfinance, not just microcredit. Mechanism should be in place at the local level to create income-generating activities, mobilize local savings and provide credit through arrangements adapted to meet the needs of the poor" (ibid.: 113). To that end, a local initiative emerged in 2001 in the form of "Koshi Yomuti" (Chirawu, 2008: 7) in order to address rural poverty among women in particular.

"Koshi Yomuti"

Figure VIII
"Koshi Yomuti": a case study

1. Establishment	• 2001: As a pilot project • Established as a microfinance outlet in 2002
2. Locality	• Ongwediva, Northern Namibia
3. Purpose	• To provide financial services not provided by the commercial banks
4. Clientele	• Client base: around 23,000 micro-small entrepreneurs • Mostly Rural women [92% women]
5. Sponsorship	• GTZ
6. Criterion for membership	• Initially between 5 and 52 members
7. Evolution	• Had scope to evolve
8. Compulsion for transformation	• Evolve into a full-fledged commercial bank [registered as such in February 2010] so that it could accept clients' savings. Only licensed banks are allowed to do so.
9. Current sponsorship/shareholders	i. KFW: A German Development Bank ii. SMH: A Suisse Microfinance Holding iii. I & P: A French Investment Property iv. Volksvermogen: A Belgian Fund
10. Clientele	• Rural: About 92% women
11. Products offered	I. Loans II. Savings services III. Training on user information IV. One on one meeting on any issue
12. Modus operandi	i. Established branches and is continuing to do so in areas where its services have not arrived yet ii. Use motorbike ladies to reach clients iii. Provide at least 5 training session s to new clients

	iv. **Meet clients regularly [have very close relationship with clients].** v. **Advise clients to save through Namibia Post Offices where Koshi Yomuti does not have branches.** vi. **Building local capacity**
13. Loan categories	i. **Group: N$ 300 minimum & $ 7500 maximum** ii. **Individual client: $ 7500 minimum & $ 100,000 maximum**
14. Profitability & repayment	• **98% [no problem]**
15. Sustainability	• **Designed to be operational until 2020**
16. Overall beneficiaries	

Source: Thomas Lendzian (telephone interview), Koshi Yomuti, Ongwediva Office, 14 October 2010.

32. "Koshi Yomuti" thus caters for a target group resembling experiences in other countries in which microfinance was initiated and operationally succeeded: Grameen in Bangladesh, Susu in Nigeria and Ghana, Hui in China, Microfinance Investment Facility for Afghanistan, BancoSol in South America, and those in Kenya, Malawi, Tanzania and Zimbabwe (Knowledge Allianz, 2008; Consultative Group to Assist the Poor, 2005; Steffen, 2006; and Wikipedia, 2008).

33. "Koshi Yomuti" was governed by the Division of Cooperative Development in the Ministry of Water and Forestry until it received a licence to be a fully fledged bank. By involving the Ministry of Water and Forestry, the Government of Namibia had taken cognizance of the value of bringing on board the rural poor in all efforts to enhance national economic development. Therefore, the Government was willing to provide support in:

- Credit for working capital or investment
- Business planning to get a loan
- Market information
- Advice on business organization.

34. First National Bank of Namibia, Bank Windhoek, Standard Bank Namibia Limited, Nedbank and the Post Office Savings Bank (NamPost Savings Bank) later joined the effort (Chirawu, 2008: 9-10). These financial institutions offer their clients a mixed package of services: (a) finance and support services; (b) expansions; (c) management buy-outs and management buy-ins; (d) assignment of enterprise specialists and provision of a wide range of business advice as well as mentorship in some cases; (e) provision of smart-card accounts available to 120 NamPost branches; and (f) training. The collaboration shows an institutional consensus to provide microfinance to low-income households struggling to survive in a fiercely competitive economic world where profit motivation sometimes prompts predatory rules and regulations.

Levels of progress

35. Measured against the development plans time frame, Namibia can say it has made some strides towards achieving some of the development goals. This is particularly true with regards to Millennium Development Goals 1, 2, 3 and 6 as indicated under figure IX below.

Figure IX
Millennium Development Goal 1: eradicate extreme poverty and hunger

Indicator	1993/4	2003/4	2006/7	2006 Target	2012 Target	TARGET ACHIEVABLE
Poor HH (including severely poor h % of all hh.	38	27.8	-	28	19(2015)	POSSIBLE
Severely poor hh	9	3.9	-	4	4.5(2015)	ACHIEVED
Unemployment rate	33.8	36.7	-	33.8	33.3	POSSIBLE
Average employment growth rate	-	_2.7	-	2.6	2.6-3.2	POSSIBLE
GDP growth p.a	3.6	4.5	4.7	4.3	5.0 – 6.5	POSSIBLE
Gini-coefficient	0.701	0.604	-	0.6	0.58	LIKELY
Children under 5, nourishment, stunted in % age of all	28.4	23.6 (2000)	24.2	-	18	POSSIBLE

Source: Republic of Namibia, 2008. 2nd Millennium Development Goals Report. Windhoek: National Planning Commission.

Challenges

36. Despite the progress discussed above, major challenges remain. Firstly the economic reclassification of Namibia as an "upper middle class" country while poverty is still rampant is likely to discourage donors. In the absence of a serious change in the financial institutions' conditions for giving loans, particularly to female entrepreneurs in the rural areas, poverty and homelessness will become worse. The solution could largely rest with economic diversification, particularly in agriculture. Secondly, in the area of education, the high failure rate is likely to continue for some time while remedial action is being taken. Namibia needs well-trained teachers, especially in mathematics. The impact of HIV/AIDS, particularly on human resources, is continuing in spite of the Government's preparedness to face

the challenge head on. These challenges have interlocking effects on the country's overall capacity to sustain the effort to achieve the internationally agreed development goals, the Millennium Development Goals and its own Vision 2030 objectives.

Conclusion

37. In conclusion, where we have succeeded, it has been the result of a combination of serious local effort coupled with international support to implement our programmes. This report has thus presented Namibia's experience in the three areas mentioned at the beginning, namely health, education and poverty. The figures below show comparable and indeed contrasting results: our experience in the effort to achieve the internationally agreed development goals and Millennium Development Goals with the set target dates.

Figure X
Quantitative indicators at a glance

Goals and indicators	1990/1993 Baseline	Current Status (2008)	2006 target	2012 target	Target/ goal achievable?
Poor HH (including severely poor HH), % of all HH	38**	28	28	19*	**Possible**
Severely poor HH, % of all HH	9**	4	4	3.5*	[illegible]
Unemployment rate, broad concept, nationwide in per cent	34.5 (1997)	36.7	33.8	33.3	**Possible**
Employment growth, % p.a., average in period	-	-	2.6	2.6 -- 3.2	**Possible**
GDP growth rate p.a., average per cent in period	3.6	4.7	4.3	5.0 - 6.5	**Possible**

Gini-coefficient	0.701		0.6	0.58	**Likely**
Children under five, malnourished, stunted, in % of all children under five	28.4	24.2	-	18	**Possible**
Achieve universal primary education					
Net primary school enrolment (per cent)	89	92.3	95	99.1	**Unlikely**
Youth literacy rate (per cent)	88	93	94	100*	**Unlikely**
Survival rate grade 5 (per cent)	70	94	95	99.2	**Possible**
Survival rate grade 8 (per cent)	59	81	-	80.2	**Achieved**
Females per 100 males in					
Primary education	102	98	100+	100	**Likely**
Secondary education	124	117	100+	100	**Achieved**
Tertiary education	175	88	100+	100	**Possible**
Literacy	106	103	100	100	**Achieved**
Share of women employed in non-agriculture (per cent)	39	47	-	50	**Likely**
Share of seats held by women in parliament (per cent)	6.9	26.9	26.9	50	**Possible**
Reduce child mortality					
Infant mortality rate deaths per 1,000 live births	56.6	49	36	38	**Unlikely**
Under-five mortality rate deaths per 1,000 live births	83.2	69	54	45	**Unlikely**
Share of one-year old children immunized against measles (per cent)	75.7	83.8	80	85	**Likely**
Improve maternal health					
Maternal mortality rate, deaths per 100,000 live births	225	449	268	337	**Unlikely**
Birth attendance by trained health personnel (per cent)	68	81	88	95	**Likely**

Use of contraceptives (per cent)	23	47	50	56.6	Likely
Adolescent birth rate (per cent)	22	15	-	13	Likely
Ante-natal care coverage (per cent)	56	70	-	80	Likely
Unmet need for family planning (per cent)	24	7	-	6*	Likely
HIV/AIDS					
HIV prevalence, 15 – 19 years (per cent)	6	5.1	9	8	Achieved
HIV prevalence, 20 – 24 years (per cent)	11	14.0	15%	12	Possible
People living with HIV, 15 – 49 years (per cent)	-	15.3	-	-	Lack of data
Condom use at the last higher-risk sex, women 15 – 24 years (per cent)	-	64	45	-	Lack of data
Condom use at the last higher-risk sex, men 15 – 24 years (per cent)	-	81	-	-	Lack of data
Proportion of population with advanced HIV infection with access to ARV drugs (per cent)	-	66	-	75	Likely
Tuberculosis, malaria					
TB cases detected per 100.000 population	656	765	-	300	Possible - Likely
TB cases treated successfully (per cent)	64	76	75	85	Likely
Incidence of malaria per 1000 population	207	48	-	Halt and begin to reverse	Achieved
Protected areas	14	18	15	20	Likely
Communal conservancies	0	14	11	15	Likely
Freehold land conservancies	5	6	9	10	Unl...
Community forestry (ha)	0.0	460000	300000	2.5 mio	Possible
Percent households with access to safe drinking water					
Urban	99	97	95	100	Possible
Rural	74	80	80	87	Likely

Percent households with access to basic sanitation					
Urban	86	58	-	98	Unlikely
Rural	14	14	50	65	Unlikely
Official development assistance to Namibia (per capita US$)	80	88 (2006)	-	90	Likely
Internet users, per 100 population	-	4 8	-	-	Lack of data
Cell phone subscribers, per 100 population, 16 years and older	-	49	-	-	Lack of data
Telephone lines, per 100 households	-	34 6	-	-	Lack of data

* National Development Programme 3, ** 1993/1994.

Figure XI
Millennium Development Goal 2: achieve universal primary education

INDICATOR	1992	2000	2008	2008 Target	2012 Target	TARGET ACHIEVABLE
Net Primary school enrolment	**89**	**91**	**92.3**	**95**	**99.1**	**LIKELY**
Youth literacy (15-24 yrs)	**88**	**91**	**93**	**94**	**100 (2015)**	**LIKELY**
Survival rate Grade 8 (%)	**59**	**75**	**81**	**-**	**80.2**	**ACHIEVED**
Survival rate Grade 5 (%)	70	94	94	95	99.2	POSSIBLE
Primary Ed. Females per 100 Males	102	100	98	100+	100+	LIKELY
Secondary Ed. Females per 100 Males	124	112	117	100+	100+	ACHIEVED
Tertiary Ed. Females per 100 Males	175	84	88 (2006)	100+	100+	POSSIBLE
Ratio of literacy M/F (15-24 yrs)	106	104	103^	100	100	ACHIEVED
Share of Agriculture female employee	39	49	47	-	50	LIKELY
Females is PARL	6.9	22.2	26.9	30	50	POSSIBLE

Source: Republic of Namibia, 2008. 2nd Millennium Development Goals Report. Windhoek: National Planning Commission.

Recommendations

1. The health sector needs solid, consistent and reliable support not only for providing treatment to patients, but for ensuring continuous research in different areas; construction of the necessary infrastructure incrementally; training of staff through our local tertiary institutions and those abroad; upgrading the skills of the staff on the payroll; and an increase in information dissemination exercises in order to provide awareness among the citizens about the dangers of different diseases, in particular HIV/AIDS. A sick citizen cannot work even if the job is there, let alone defend the country.

2. Violence against women and children is anathema to any society. The Government of Namibia should take every step necessary to prevent it. Discouraging men from committing it is not enough.

3. The Government should ensure that the current good business environment should be protected and improved. Only then can new jobs be created either through direct foreign investment or through local or regional initiatives.

4. Gender budgeting is unquestionably one of the catalysts for creating a vibrant economic environment. It should be encouraged across all sectors of the economy.

5. Grants should continue in spite of the reclassification of Namibia as an "upper middle class" economy.

6. The Government together with the all the citizens should intensify the effort to eradicate extreme poverty.

7. The Government and the NGOs should strengthen advocacy to improve living conditions in the country.

8. Research to identify skills training and business opportunities should also be intensified.

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